

Eligibility Redetermination FAQs for Nursing Facilities

Updated: March 17, 2017

Mailing

1. Which CHOICES Group 1 members in nursing facilities will be getting a renewal packet?

Members are due for redetermination if (a) they lost their SSI eligibility over 12 months ago but have remained on TennCare; or (b) they were not receiving SSI payments and have now been enrolled in TennCare for 12 months. For members in CHOICES Group 1 who live in a nursing home and who meet these conditions, TennCare will send out the packets on an alphabetized schedule according to the member's last name. (See FAQ #9 below.) After TennCare completes these redeterminations later this year, TennCare will send out renewal packets to members at the time (a) they lose SSI eligibility or (b) were not receiving SSI and have been enrolled for 12 months.

Members who receive SSI payments are not subject to redetermination as long as they maintain their SSI eligibility. For reference, residents of a nursing facility receive SSI if they get a payment of \$30 per month from Social Security.

2. When will TennCare begin sending the renewal packets to members in nursing facilities?

TennCare mailed roughly 1,800 renewal packets to members in CHOICES Group 1 in late February. TennCare will mail a commensurate number in each of the next six to eight months. Thereafter, TennCare will send renewal packets to the number of members who are newly subject to redetermination (either because they lost SSI 12 months ago but remained on TennCare or because they didn't get SSI and have been on TennCare for 12 months).

3. Will TennCare automatically mail the renewal packet to the nursing facility address? Alternatively, can TennCare always mail a duplicate packet to the nursing facility in addition to any packet it mails to an authorized representative?

TennCare will mail the renewal packet to the authorized representative on file (if applicable). If the member has no authorized representative, TennCare would mail the renewal packet to the most recent address of record.

4. If the USPS returns the renewal packet as undeliverable, will TennCare then mail the packet to the nursing facility?

If TennCare has the nursing facility as a secondary address in the system, then TennCare will re-mail the packet to the address we receive from the U.S. Postal Service. If the U.S. Postal Service does not provide a forwarding address, we will mail the packet to an address reported to us by the MCO.

5. **If a bar-coded renewal packet specifically addressed to a member is not available, can the staff at the nursing facility obtain and use a blank or template renewal packet for the member?**

Yes. If the member is in CHOICES Group 1, staff at nursing facilities may work with the member to complete a blank renewal packet. TennCare has distributed the template of the renewal packet to nursing facility staff who attended redetermination training. See FAQ #6 below.

6. **[NEW] For which of member residents can nursing facility staff use the 8-page renewal packet that TennCare has distributed to the nursing facilities?**

If TennCare is the payer for nursing facility services for the resident member (because the member is in an institutional eligibility category in CHOICES Group 1), then the nursing facility can help the resident member complete and return the 8-page renewal packet. If instead Medicare or another entity is the payer for nursing facility services, then the TennCare member should complete and return the (longer) renewal packet he or she received in the mail. If you have specific questions about redetermination for TennCare members for whom TennCare is not the payer for nursing facility services, email ltss.redeterminations@tn.gov.

7. **Does TennCare send out an individualized renewal packet for each member? What about the packet itself is different for each individual?**

TennCare sends an individualized bar-coded packet to each member who is subject to redetermination. The rest of the packet is blank and left for the member to complete. However, nursing facilities can use a blank packet to when providing redetermination assistance to CHOICES Group 1 members. See FAQ #6 above.

8. **Can nursing facilities call TNHC to report a change of address in order to ensure the member's address is the nursing facility in which they currently reside?**

Yes, if the nursing facility is the authorized representative. However, this may not be necessary since a nursing facility can always help a member complete a blank packet if they have not received one in the mail. If reapproved, the address listed on the renewal packet will become the enrollee's official address in the TennCare system.

9. **[NEW] What is TennCare's mailing plan for mailing renewal packets to members residing in nursing facilities through August 2017?**

TennCare will use the schedule below to mail renewal packets to members enrolled in CHOICES Group 1 (i.e., those members for whom TennCare is paying for nursing facility services):

CHOICES Group 1 (Nursing Facility) Mailing Plan for Renewal Packets

February:	"A" through "Clark"
March:	"Clarke" through "Goodman"
April:	[forthcoming]
May:	[forthcoming]
June:	[forthcoming]

July: [forthcoming]
August: Mailings based on regular selection criteria (without regard to alphabet)

Between now and July, TennCare will update the list of members enrolled in CHOICES Group 1 who become subject to redetermination. We will mail the renewal packets to such members as follows:

- **Last Name Not Yet Reached in Mailing Schedule:** If a member with last name “Polk” becomes subject to redetermination in March, and we later determine we need to send renewal packets to individuals with the last name of “Polk” in June, we would include this individual in the June mailing and send her a renewal packet at that time.
- **Mailings Already Passed the Last Name:** If a member with last name “Clark” would otherwise become subject to redetermination beginning in May, we would “hold” the renewal packet mailing for this member until August.

As mentioned, TennCare will provide an early list of individuals enrolled in CHOICES Group 1 to whom we plan to send renewal packets through July. This list is complete at the time we generate the report, but a small number of individuals will become subject to redetermination between the time we distribute the early report and we actually mail the renewal packets several months later. Nursing facility staff will want to ensure any member completes, signs, and submits a renewal packet if they are subject to redetermination but not on the early report. To determine whether a member who is not on the early report has become subject to redetermination, nursing facility staff can contact TNHC (or, when the new renewal packet indicators become available, check TennCare Online Services). See FAQ #11 below.

10. [NEW] Nursing facility staff are receiving renewal packets for members whose last names are outside of the “A” through “Clark” mailing target for February 2017. Why might this have happened?

Please email ltss.redeterminations@tn.gov about these cases. There are several possible explanations. First, the packet could have been a “re-mail” to a member whom we sent an earlier packet (e.g., in December 2016) but the original packet was returned as undeliverable. Second, some TennCare members may be in a nursing facility but have another entity as the payer for nursing facility services – so they would get their packet as would any other “non-LTSS” TennCare member. Again, please email ltss.redeterminations@tn.gov about any such cases so we can work with you to identify the appropriate next steps.

Sharing Information with Nursing Facilities

11. How will the nursing facility know when TennCare has mailed a renewal packet to a member? Can TennCare add an indicator to TN Anytime for this purpose? (Nursing facilities want to make sure that they can identify any cases they may overlook – and they have a system in place that identifies people after TennCare stops using the alpha approach.) If TennCare cannot add an indicator to TN Anytime, can TennCare provide each facility with a monthly list of those members to whom it mailed a packet in the last 30 days?

For the next six to eight months, TennCare will mail the renewal packets to CHOICES Group 1 members who are subject to redetermination on an alphabetized schedule. See FAQ #9 above. This should help nursing facilities identify those members who should be receiving a packet. Thereafter, TennCare will mail renewal packets to members as they become due for redetermination.

TennCare is exploring the possibility of adding the suggested indicator to TN Anytime. We will provide more information as soon as we can. In the interim, we are working to develop for each nursing facility an early list of its resident members who should get a renewal packet over the next six to eight months. To receive these reports when they become available, nursing facilities must register at the link at <https://tn.gov/tenncare/article/ltss-redetermination> and respond to the confirmation email we send.

12. [NEW] If a company has multiple facilities, can a single staff person (e.g., from the corporate office) register to receive the early lists for multiple corporate facilities?

Yes. Each nursing facility would register online at <https://www.tn.gov/tenncare/article/ltss-redetermination> and list the same staff person (e.g., from the corporate office) as the day-to-date contact. Once we confirm the email address, TennCare would send the reports for each facility to this day-to-day contact. Thus, this individual would get the reports for multiple facilities.

13. Can TennCare provide each nursing facility with a list (or separate lists) of CHOICES Group 1 members subject to redetermination, the anticipated packet mailing date for each, and name and contact information of the authorized representative for each (if applicable)?

We regret that we are unable to provide each facility with a list with all of these data fields. We are, however, trying to provide each nursing facility a list of its resident members who should get a renewal packet over the next six to eight months. See FAQs #9 and #11 above.

14. Can nursing facility staff call TNHC to check to see whether the CHOICES Group 1 member is subject to redetermination and/or whether TennCare sent the member a renewal packet?

Yes, if the nursing facility is the authorized representative. Additionally, the nursing facility may call TNHC from the member's room, and the member can provide verbal permission for the TNHC operator to talk with the nursing facility staff about the member's case. However, nursing facilities may not need to make such calls; see FAQ #11 above.

15. How will TennCare inform the nursing facility the name and address of the person to whom a member's renewal packet was sent?

We regret that TennCare is unable to provide such information to nursing facilities. We are, however, working to provide notice to nursing facilities when its resident members have not returned a renewal packet (and are, therefore, at risk of termination). See FAQs #9 and #11 above and FAQ #20 below.

16. If TennCare sends a renewal packet to a CHOICES Group 1 member but to an address other than the nursing facility, will nursing facility staff still be able to email TennCare to request a packet?

Yes. Nursing facilities may email ltss.reeterminations@tn.gov. However, this may not be necessary since a nursing facility can always help a CHOICES Group 1 member complete a blank packet if they have not received one in the mail. See FAQs #5 and #6 above.

17. Can nursing facility staff call TNHC to request a packet? Please provide clear guidance as to how a nursing facility can do so for “elder orphans” when the facility is not an authorized representative (and cannot obtain a signature to become one).

Yes, if the nursing facility is the authorized representative. Additionally, the nursing facility may call TNHC from the member’s room, and the member can provide verbal permission for the TNHC operator to talk with the nursing facility staff about the member’s case. However, this may not be necessary since a nursing facility can always help a CHOICES Group 1 member complete a blank packet if they have not received one in the mail. However, nursing facilities may not need to make such calls; see FAQ #5 above.

18. Can nursing facility staff call TNHC to inquire about whether a packet was received? Please provide clear guidance as to how a nursing facility can do so for “elder orphans” when the facility is not an authorized representative (and cannot obtain a signature to become one).

Yes, if the nursing facility is the authorized representative. Additionally, the nursing facility may call TNHC from the member’s room, and the member can provide verbal permission for the TNHC operator to talk with the nursing facility staff about the member’s case. However, nursing facilities may not need to make such calls; see FAQ #20 below.

19. How will a nursing facility know when TennCare has received a member’s renewal packet (particularly if a family member instead of the nursing facility returned the packet)? Can TennCare add an indicator to TN Anytime for this purpose? If TennCare cannot add an indicator to TN Anytime, can TennCare provide each facility with a monthly list of those members for whom it received a returned packet?

TennCare is exploring the possibility of adding the suggested indicator to TN Anytime. We will provide more information as soon as we can. We regret we cannot provide the monthly list as requested. However, please see FAQ #20 below.

More generally, we strongly encourage nursing facilities to maintain fax confirmation sheets when it faxes renewal packets to TennCare. This provides proof that the member returned a renewal packet.

20. How will a nursing facility know if a CHOICES Group 1 member is facing a 20-day termination for failing to return a renewal packet?

While TennCare is exploring the suggested indicator to TN Anytime (indicating receipt of the renewal packet from the member), we hope to provide each nursing facility with a list of resident members who have not returned a renewal packet (and are, therefore, at risk of termination). We will share more detailed information as soon as we can.

To receive these reports when they become available, nursing facilities must register at <https://tn.gov/tenncare/article/ltss-redetermination> and respond to the confirmation email we send.

21. Can nursing facilities contact the regular Member Services liaison for their facilities to ask case-specific questions about redetermination?

No. These staff members within Member Services do not have access to the redetermination system. To ask case-specific questions, nursing facilities may contact TNHC at 1-855-259-0701. If the nursing facility is not the member's authorized representative, the nursing facility may call TNHC from the member's room; the member can then provide verbal permission for the TNHC operator to talk with the nursing facility staff about the member's case.

Renewal Packet

22. Which specific pages of the renewal packet does a CHOICES Group 1 member need to complete and return?

Members in CHOICES Group 1 should complete and return at least pp. 2-8 of the LTSS Renewal Packet for TennCare. This minimally allows TennCare to redetermine eligibility for institutional categories. If members complete the Appendix A, TennCare can consider members for eligibility categories other than the institutional categories.

Part 1: Member Information

23. For the questions about household members in Part 1, should a current LTSS member list anyone but him/herself?

Please list household members if at all possible. This helps TennCare determine eligibility correctly and create or update the community spouse income maintenance allowance.

Parts 3 & 5: Income

24. If a member's income has not changed, do the member need to complete Part 3?

Yes. TennCare needs this current income information in Part 3 for all CHOICES Group 1 members in order to complete their redeterminations.

25. What is the baseline or reference point when determining whether income (or assets) have changed?

The baseline or reference point is the date of the CHOICE Group 1 member's last TennCare review (i.e., their initial application or redetermination, whichever is later). See FAQ #26 below.

26. How should a nursing facility obtain the baseline or reference points to assess changes? What is the process to request this information from TennCare?

The CHOICES Group 1 member should be able to answer this question. TennCare is unable to share this information with nursing facilities.

27. Is the annual COLA for Social Security a reportable change?

No.

28. If a member is unable to provide information (e.g., due to cognitive impairment), and the nursing facility after doing due diligence is unable to locate a family member or other representative, how should the nursing facility assess whether the member's income (or assets) have changed?

Please list current income and assets.

29. When does a member need to provide proof of income?

The following answer applies only to members who are currently in an institutional eligibility category. If the member's income remains below the threshold for institutional eligibility (i.e., \$2,205 in gross monthly income before taxes), the member must report their income in Part 3 – but they need not provide proof of the change. Note: If the income is Social Security income, no proof is needed. Also, if you do need to return any proof, please write the member's name and SSN on each page.

Part 4: Child/Adult Care Expenses

30. When should a CHOICES Group 1 member in a nursing facility complete this section?

Part 4 should only be completed if it applies to the enrollee.

Part 6: Assets

31. If a CHOICES Group 1 member's bank account balances are still below \$2,000 – and the member has not acquired, sold, or transferred any assets since the last review, can a nursing facility check "No" in response to the first question under Part 6?

In this circumstance, the CHOICES Group 1 member may answer "no" to this question. See FAQ #35 below.

32. Does a CHOICES Group 1 member need to include his or her home if it has appreciated – but the current value of the property is less than the exclusion amount \$560,000?

Unfortunately, TennCare cannot provide a bright-line rule to follow in all cases. In order to avoid follow-up requests for additional information from TennCare, we recommend members simply report the address of, estimated value of, and amount owed for their personal home in Part 6.

To be clear, TennCare excludes many if not most personal homes from countable resources. Under TennCare policy, the member's home is generally excluded provided the fair market value is less than \$560,000. Still, we need to capture information about the member's personal home for our records.

33. When determining the value of property, can a member rely on tax-assessed valuation?

The value of the property is the fair market value. Very often, this is the same as tax-assessed valuation. In some specific circumstances like forestry or agricultural property, the tax-assessed value is a fraction of the total value. In those cases, we use the higher fair market value. Please note, though, that the member's home may be excluded if the value is less than \$560,000. See FAQ #32 above.

34. If a CHOICES Group 1 member is unaware of any changes to their assets, can the member check "No" to the first question in Part 6?

In this circumstance, the member may answer "no" to this question.

35. When does the CHOICES Group 1 member need to provide proof of resources/assets?

If a CHOICES Group 1 member is subject to redetermination because he/she lost SSI 12+ months ago, the member needs to complete all of Part 6 (regardless of whether there were any changes) and provide proof of all listed assets. This includes proof of excluded assets such as a home, car, etc. Please write the member's name and SSN on each page of proof.

If a non-SSI member in CHOICES Group 1 has had a change in assets, he/she should mark "Yes" in Part 6 and list the change in assets in the packet. If the current countable resources are greater than \$1,000 and more than \$500 of that are liquid assets, the member must provide verifications to show the current value of the assets.

Example 1: Ms. Washington has a personal home worth less than \$560,000, a personal car, and a checking account with a balance of \$990. She has no other resources, and she never received SSI. She checked "Yes" for a change in resources on the packet. Because she has liquid resources greater than \$500, she must provide proof of the value of her countable assets (with her name and SSN on each page). In this situation, she must provide only her most recent checking account statement (because her checking account is her only countable resource as her home and car are excluded).

Example 2: Ms. Adams has a personal home worth less than \$560,000, a personal car, and a checking account with a balance of \$490. She has no other resources, and she never received SSI. Because she has countable assets less than \$1,000 and liquid resources less than \$500, she does not need to provide proof of her countable assets regardless of whether she answers "yes" or "no" to a change in resources.

Example 3: Mr. Van Buren has a personal home worth less than \$560,000, a personal car, and a checking account with a balance of \$1,500. He has no other resources, and he never received SSI. He checked "No" regarding changes in resources in Part 6 of the packet. Because he reported no change in resources and he has not received SSI, he does not need to provide proof of his resources.

- 36. [NEW] How will a nursing facility know whether a CHOICES Group 1 member resident has lost SSI and, therefore, needs to provide more information about assets, etc.?**

TennCare may not be legally able to disclose to nursing facilities whether a member has lost SSI eligibility. Without sharing this information, we have provided an indicator on the “early report” described in FAQ # 11. We suggest you proceed as if these individuals have lost SSI and follow the guidance described in FAQs #35 above.

- 37. If a CHOICES Group 1 member owns a car (or truck, motorcycle, boat, RV, or camper), does the member need to provide proof of its value?**

No. As long as the member reports a reasonable estimate of its value in Part 6, the member does not need to provide proof of the value of the car (or truck, motorcycle, boat, RV, or camper). Note, though, TennCare will count the full value of a countable asset unless the member provides proof of the amount he or she still owes on it. If the member provides proof of the amount owed, then TennCare will count the value of the net equity the member has in the asset.

Part 7: Transfer of Assets, Etc.

- 38. If the CHOICES Group 1 member has not acquired, sold, or transferred any assets since their last review, can a nursing facility check “No” in response to the questions 12 and 13 in Part 7?**

Yes. However, this answer applies only to members who are currently in an institutional eligibility category.

Signature

- 39. If a CHOICES Group 1 member does not have the capacity to sign the packet and has neither an authorized representative nor a family member, can a staff member of a nursing facility sign the renewal packet on behalf of the member?**

Yes, provided the nursing facility made (and documented) all reasonable efforts to locate a family member, friend, or other representative.

- 40. If a CHOICES Group 1 member does not have the capacity to sign the packet and the nursing facility is unable to locate any authorized representative or a family member, can a staff member of a nursing facility sign the renewal packet on behalf of the member?**

Yes, provided the nursing facility made (and documented) all reasonable efforts to locate a family member, friend, or other representative.

41. If an employee of a nursing facility signs the renewal packet on behalf of a CHOICES Group 1 member, what responsibility/liability does the employee or nursing facility have for the accuracy of the information?

Absent fraudulent intent on the part of the nursing facility or employee, this should not be a concern. Anything the employee transmits in good faith would be treated as such.

42. If a CHOICES Group 1 member signs a packet with an “X”, does it need to be witnessed?

Yes. The witness should simply write “Witnessed by _____”, print their name in the blank, and sign and date. The witness can write this in Part 10 on the bottom of p. 8.

43. In the Signature section of the packet, instructions say “If you’re signing because the applicant is not physically capable, please indicate the reason.” Where should we answer this (since there is not a place designated on the form)?

You may include this response in Part 10 on the bottom of p. 8 on the LTSS Renewal Packet.

Return & Disposition

44. Will TennCare send any requests for additional information to the address reported on the renewal packet? If not, how will a nursing facility know about such requests?

TennCare will send the request for additional information to the authorized representative reported on Part 9 of the LTSS Renewal Packet (if applicable). If the member indicated no new authorized representative, TennCare would send the request for additional information to the authorized representative on file (if applicable). If the member has no authorized representative, TennCare would send the request for additional information to the address reported on Part 1 of the LTSS Renewal Packet.

45. Will TennCare accept renewal packets after the member’s termination date?

As required by the federal regulation at 42 CFR 435.916(a)(3)(iii), TennCare will accept a “late” renewal packet provided the member returns the renewal packet to TennCare within 90 days of his or her date of termination. If TennCare approves the member for ongoing eligibility, the approval will be retroactive to the termination date.

46. How will a nursing facility know if a member has been re-approved or denied? Will TennCare provide each facility a list of such dispositions?

Members who are approved will continue to show as eligible on TN Anytime. To the extent the member’s correspondence is addressed to the nursing facility, the nursing facility may track approvals and denials. We regret that we are unable to provide each facility with a list of approvals and denials.

47. Is the appeal process different for redeterminations (as compared to initial applications)?

No. The eligibility appeals process for redetermination is the same as that for applications. Members who wish to appeal a decision may do so by calling TNHC at **1-855-259-0701** or by submitting an appeal form that can be found on the TennCare website.

48. What should a nursing facility do if a member submits a renewal packet and later receives a notice with “TN 407” in the upper left-hand corner saying the member is not currently subject to redetermination?

Check whether the member currently gets an SSI payment. If so, the member is not subject to redetermination. If the member does not currently get an SSI payment but you believe the member is truly subject to redetermination, email ltss.redeterminations@tn.gov. We will follow up with you to address any concerns.

Note: Nursing facilities should **not** make a practice of submitting renewal packets for members who have SSI. Doing so will slow the process, and TennCare will intervene with any facility that regularly submits renewal packets for members who are not subject to redetermination.

49. [NEW] What is the turnaround time at TennCare for processing the renewal packets once received? Will this be as long as the initial application process?

The review and approval process varies by the volume of renewal packets we receive. However, member residents maintain their Medicaid eligibility during the entire time we are processing the renewal packet (as long as they returned it prior to the date of termination for non-response). If we determine a member resident to be ineligible, then we will provide advance written notice of our determination – and the termination date will be in the future (not retroactive).